

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09754011

## CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 44 minus 20 = | 24           |
| INDEPENDENT CLAIMS  | 10 minus 3 =  | 7            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

| SMALL ENTITY TYPE <input type="checkbox"/> |        | OR | OTHER THAN SMALL ENTITY |        |
|--|--------|----|-------------------------|--------|
| RATE                                       | FEE    |    | RATE                    | FEE    |
| BASIC FEE                                  | 355.00 | OR | BASIC FEE               | 710.00 |
| X\$ 9=                                     |        | OR | X\$18=                  | 432    |
| X40=                                       |        | OR | X80=                    | 560    |
| +135=                                      |        | OR | +270=                   |        |
| TOTAL                                      |        | OR | TOTAL                   | 1702   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 18         | Minus                              | 44            |
| Independent   | 5          | Minus                              | 10            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |

8/8/01

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 21         | Minus                              | 44            |
| Independent   | 5          | Minus                              | 10            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |

8/8/05

4/25/05

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 14         | Minus                              | 44            |
| Independent   | 6          | Minus                              | 10            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is 1 or less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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